

JCC 9-12-23 Policy and Procedures – Commissioner Edits Packet 1

Changes made:

20-14 Leave of Absence and Bed Hold

Fixed typo - LHH residents discharged (other than ZSFG and LHHa Acute medical)>

22-03 Resident/Patient Rights Appendix A

Update new CEO in place of Roland Pickens as contact.

LEAVE OF ABSENCE AND BED HOLD

POLICY:

The facility ~~may shall submit claims for resident bed hold a resident's vacant bed during leave of absence and bed hold days based on allowable reimbursement.~~

PURPOSE:

1. To accurately track and monitor residents discharged to acute facilities.
2. To accurately track and monitor residents Out on Pass (OOP).
3. To maintain bed availability for a specific resident.
4. To provide for return of the resident to his/her prior neighborhood wherever possible.
5. To comply with state and federal regulations.

DEFINITION:

1. Bed Hold: When resident is transferred from a skilled nursing facility (SNF) to a general acute care hospital, which may be either Laguna Honda Hospital and Rehabilitation Center (LHH) or an outside hospital, the SNF shall afford the resident a bed hold of up to seven (7) days.
2. Out on Pass: A planned absence of a resident from LHH authorized by a physician's order, which may extend past midnight.
3. Leaving Hospital Against Medical Advice (AMA): A resident is discharged AMA when he/she leaves LHH against the advice of the physician.
4. Absent Without Leave (AWOL): A resident who leaves LHH without notification or without an approved LOA.
5. Bed Reservation: A bed reservation is a bed designated for a resident's anticipated admission, transfer, or for a missing resident for whom LHH receives no remuneration. A bed reservation may be cancelled if, due to a bed shortage, that bed is needed for a new admission to LHH.

BACKGROUND:

1. 42 CFR §483.15 – When a skilled nursing facility transfers to an acute care facility, including LHH acute unit, the facility must provide a written notification of the facility's bed hold policy and Notice of Proposed Transfer or Discharge to the resident and

- resident's representative. When the resident goes on a therapeutic leave, the facility must provide a notification of the facility's bed hold policy.
2. A resident who is receiving Medicare Part A Skilled Nursing Facility (SNF) benefits is permitted to a Leave of Absence (LOA) as necessary; however, Medicare will not provide reimbursement to the facility for that day of leave if the resident does not return to the facility by midnight.
 3. If the LOA is an overnight visit (or longer) to the home of relatives or friends, LOA reimbursement by Medi-Cal is restricted as follows:
 - a. Maximum time period of 18 days per calendar year for non-developmentally disabled recipients; Up to 12 additional days of leave per year may be approved in increments of no more than two (2) consecutive days when the following conditions are met:
 - i. The request for additional days of leave shall be in accordance with the individual resident care plan and appropriate to the physical and mental well-being of the patient.
 - ii. At least five days of SNF inpatient care must be provided between each approved overnight LOA.
 - iii. Maximum of 73 days per calendar year of developmentally disabled recipients.
 - iv. At the time of admission, if resident has not been an inpatient of any SNF facility for the previous 2 months or longer, the resident is eligible for the full complement of leave days (18 days per calendar year).
 - v. A resident's return from overnight LOA may not be followed by a discharge within 24 hours.
 4. For LOA due to acute care hospitalization:
 - a. The LHH Patient Flow Coordinator shall coordinate both the LOA and bed reservation procedures in conjunction with Admissions and Eligibility (A&E) department and the neighborhood physician representing the neighborhood RCT.
 - i. According to Medi-Cal rules, a bed reservation is a bed designated for a resident's anticipated admission, transfer, or for a missing resident for whom LHH receives no remuneration. A bed reservation may be cancelled if, due to a bed shortage, that bed is needed for a new admission to LHH.
 - b. Medi-Cal and some insurances pay for up to seven days of LOA due to acute hospitalization. LOAs greater than seven days requires the resident to be discharged from the SNF. The physician will write a discharge order on the

Electronica Health Record (EHR) to discharge the resident to an acute facility.
Further clarification regarding insurance coverage shall be routed to Utilization Management.

~~e. Every effort is made for a~~ resident whose hospitalization exceeds the LOA period ~~to be~~ re-admitted to ~~the facility to~~ their previous room. If the room is not if available, ~~or immediately upon the first availability of a bed in a~~ semi-private room ~~will be offered as long as the skilled nursing if the resident requires the services required~~ provided by the ~~resident meets the eligibility facility and is eligible~~ for Medi-Cal ~~and nursing facility services or Medicare, skilled nursing facility services.~~

~~d.c.~~ The facility shall submit claims for resident LOA days based on allowable reimbursement.

PROCEDURE:

1. Notification of LOA Policy

- a. Upon admission, A&E provides the resident, family member, or legal representative with the California Standard Admission Agreement which includes written information regarding LOA-acute hospitalization.
- b. Nursing shall provide the bed hold information and Notice of Proposed Transfer at the time of transfer, or within 24 hours of transfer in cases of emergency transfer. Should the written information change, LHH shall reissue the new information to the resident, their family member, or legal representative.
- c. The Medical Social Worker (MSW) shall provide the bed hold information to the resident, their family member, or legal representative prior to the scheduled LOA (day/overnight/weekend).

2. Process for LOA/Bed Hold

- a. An order from the Physician for a LOA for day/overnight/weekend and for sending out to another facility (ED/PES/Acute Care) shall be written in the electronic health record (EHR) for each occurrence. The LOA order will have a specific date and duration. The Physician and the Licensed Nurse shall follow the process as specified in the EHR.
- b. For LOAs to an acute level of care ~~or out on pass~~, the Notice of Bed Hold Policy and form shall be provided to the resident and/or representative. For an LOA to a clinic/medical appointment, the Notice of Bed Hold and form is not required.
- c. LOA-admitted to Acute Care Hospital from ED/PES

- i. The Physician shall write a discharge summary note and enter a discharge order with the appropriate disposition code.
- d. The Licensed Nurse shall provide the Bed Hold form and policy, and the Notice of Proposed Transfer form to the resident, family member or legal representative prior to transferring the resident. If the family member or legal representative is not physically present in the facility, a telephone call will be made to review the bed hold policy and Notice of Proposed Transfer/Discharge. The Licensed Nurse will indicate the telephone call to the representative on the forms. The original form will be provided to the representative, copy with the resident, and copy to Health Information Management (HIM). Nursing Operations Manager~~Nursing-Operation~~ will ensure that the notices are provided to the resident, family member or legal representative.

3. Census Management

- a. Nursing Department is responsible for census management which is done in the electronic health record (EHR).

4. Bed Hold

- a. Requirements for bed hold for acute hospitalization:
 - i. A physician's order to transfer the resident to an acute care hospital.
 - ii. The day of departure from SNF is counted as day 1 of bed hold; the day of return is not counted.
 - iii. LHH shall hold the bed up to seven (7) days during hospitalization.
 - iv. Bed hold must terminate on the resident's date of death.
 - v. LHH claims must identify the inclusive date of the bed hold.
- b. LHH residents discharged to an acute care at another hospital (other than Zuckerberg San Francisco General (ZSFG), LHH ~~PM~~ Acute Medical):
 - i. The licensed nurse on the neighborhood shall call the acute care hospital after the seventh day of LOA to ensure that resident was not discharged from acute care hospital before the seventh day to reflect accurate bed hold days.
- c. The resident who is returning from LOA due to an acute hospitalization within the 7 days or after 7 days of holding the bed shall be readmitted.

5. Requirements for LOA (Out on Pass – Therapeutic Leave)

- a. A bed shall be held during a resident's authorized LOA/OOP for day, weekend, or overnight.
- b. A current physician's order for LOA/OOP is required.
 - i. _____
- ~~c. LHH will not be reimbursed for bed hold in the event a resident is discharged within 24 hours of return from LOA/OOP.~~
 - ~~i. LHH will not receive reimbursement for any LOA days exceeding the maximum number of leave days per calendar year.~~
- ~~d. Medicare does not provide for bed hold reimbursement.~~

6. Status of Residents Without an Approved LOA

- a. Against Medical Advice (AMA)
 - i. A resident who leaves LHH against medical advice is considered AMA and shall be discharged.
 - ii. If possible, resident shall be asked to sign the AMA form where indicated.
 - iii. Physician writes AMA discharge order.
 - iv. LHH will not hold the resident's bed.
- b. AWOL Elopements
 - i. A resident who leaves without notification or without an approved order is considered AWOL.
 - ii. A resident who goes AWOL past midnight shall result in a discharge from the facility. LHH is not permitted to place a bed hold for a resident who is not on an approved leave of absence or out on pass order.
 - iii. Physician writes discharge order: Discharged – AWOL.
 - iv. The nurse shall complete an Unusual Occurrence report.

ATTACHMENT:

None.

REFERENCE:

LHHPP 20-06 Out on Pass

LHHPP 20-07 Against Medical Advice

Medi-Cal Provider Manual Part 2 Billing and Policy for Long Term Care related to LOA and Bed Hold

State Operations Manual related to Notice of bed-hold and return and Permitting residents to return to facility.

Revised: 09/07/17, 09/10/27; 14/01/28, 14/03/25, 17/11/14, 19/05/14, 23/08/08
(Year/Month/Day)

Original adoption: 01/07/12

Previously numbered LHHPP 20-02.

Appendix A:

LIST OF RESIDENTS' / PATIENTS' RIGHTS

I. Exercising Your Rights

1. You have the right to a dignified existence, self-determination, and communication and access to people and services both inside and outside of Laguna Honda. You have the right to be free of interference, coercion, discrimination, and retaliation from Laguna Honda in exercising your rights as a ~~resident~~resident/patient of Laguna Honda and as a citizen or resident of the United States, and Laguna Honda shall support you exercising your rights. You have the right to equal access to quality care regardless of diagnosis, severity of condition, or payment source.
2. You have the right to designate a representative if you are competent to do so, who may exercise your rights, in accordance with, and to the extent provided by state law.
 - a. Your representative has the right to exercise your rights to the extent you have delegated those rights to your representative.
 - b. You retain the right to exercise any right not delegated to your representative, including the right to revoke a delegation of rights, except as limited by state law.
 - c. Laguna Honda shall treat the decisions of your representative as your decisions to the extent required by either a court or as delegated by you.
 - d. Laguna Honda shall not extend to your representative the right to make decisions on behalf of you beyond the extent required by either a court or as delegated by you. Laguna Honda shall report, as required by law, if it has reason to believe that your representative is not acting in your best interest.
3. ~~Resident~~Residents/Patients adjudged incompetent by a court with jurisdiction to do so, shall have their rights devolve to and exercised by the ~~resident~~resident/patient representative appointed under State law to act on the ~~resident~~resident's/patient's behalf. The court-appointed ~~resident~~resident/patient representative shall exercise your rights to the extent judged necessary by the court with jurisdiction, and in accordance with state law.
 - a. In cases where a representative's decision-making authority is limited by state law or court appointment, you retain the right to make those decisions outside of the representative's authority.
 - b. Your wishes and preferences must be considered in the exercise of your rights by the representative, and to the extent possible, you shall be provided with the opportunity to participate in the care planning process.

4. You have the right to exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status or the source of payment for care. The same-sex spouse or a ~~resident~~resident/patient shall be afforded treatment equal to that of an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.

II. Planning and Implementing Your Care

You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual and personal values, beliefs, and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you, and to be informed of the care to be furnished to you and the type of care giver that will furnish that care. You have the right to be informed and participate in your treatment.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in language you can understand. You have the right to be informed in advance of treatment of the risks and benefits of the proposed care, alternatives or options to the proposed treatment, and to choose the alternative or option if you prefer.
5. You have the right to effective communication and to participate in the development and implementation of your plan of care, and the right to receive the services and/or items included in the plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
6. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
7. Participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. You have the right to identify individuals or roles to be included in the

- planning process, the right to request meetings, and the right to request revisions to the plan of care.
8. Choose your attending physician, provided that the physician meets the requirements of Code of Federal Regulations, Title 42.
 9. See the plan of care and be informed in advance of any changes to the plan of care.
 10. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
 11. Self-administer medications if your care team has determined that this practice is clinically appropriate.
 12. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
 13. Reasonable responses to any reasonable requests made for service.
 14. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve the pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
 15. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

III. Respect and Dignity

You have the right to:

1. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.

2. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
3. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
4. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
5. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided with this information also.
6. Know which hospital rules and policies apply to your conduct while a patient.
7. A safe, clean, and homelike environment including receiving treatment that supports your safe daily living. You have the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residentresidents/patients. Laguna Honda shall exercise reasonable care for the protection of your property from loss or theft.
8. Reside and receive services with reasonable accommodation of your needs and preferences except when to do so would endanger your health or safety or other residentresidents/patients.
9. Share a room with your spouse if your spouse also resides at Laguna Honda and you both consent to the arrangement.
10. Share a room with the roommate of your choice when practicable, and only when you are both residentresidents/patients at Laguna Honda and consent to the arrangement.
11. Receive written notice, including the reason for the change, before your room or roommate in the facility is changed.
12. Refuse to transfer to another room in the facility, if the purpose of the transfer is to relocate you from a skilled nursing unit to a non-skilled nursing unit within Laguna Honda, or if the transfer is solely for the convenience of Laguna Honda. This right shall not affect your eligibility or entitlement to Medicare or Medi-Cal benefits.

IV. Self-Determination ***You have the right to:***

1. Choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with your interests, assessments, and plan of care; and to make choices about aspects of your life at Laguna Honda that are significant to you.
2. Interact with members of the community and participate in community activities both inside and outside of Laguna Honda.
3. Organize and participate in resident/resident/patient groups within Laguna Honda. You have the right to participate in social, religious, and community activities provided that doing so does not interfere with the rights of other resident/residents/patients.
4. Receive visitors of your choosing at the time of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
 - a. Laguna Honda reasonably determines that the presence of a particular visitor would endanger the health or safety of you, other resident/residents/patients, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 - b. You have told Laguna Honda staff that you no longer want a particular person to visit.
 - c. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.
5. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.
6. Participate in family groups and have family members or other representatives' meet with the families or representatives of other resident/residents/patients of Laguna Honda.
7. Choose to or refuse to perform services for Laguna Honda. You may perform services for Laguna Honda when:
 - a. Laguna Honda has documented your need or desire for work in the plan of care;
 - b. The plan of care specifies the nature of the services performed and whether the services are voluntary or paid;
 - c. Compensation for paid services is at or above prevailing rates; and
 - d. You agree to the work arrangement described in the plan of care.

- e. At no time shall you be required to perform services for Laguna Honda.
- 8. Manage your own financial affairs, including the right to know in advance, what charges Laguna Honda may impose against your personal funds.
- 9. Examine and receive an explanation of the hospital's bill regardless of the source of payment.

V. Information, Communication, Privacy, and Confidentiality

You have the right to:

1. Be informed of your rights and the rules and regulations governing residentresident/patient conduct and responsibilities during your stay at Laguna Honda.
2. Access your personal and medical records; and to secure and confidential treatment of all communications, personal records, and medical records pertaining to your care and stay in the hospital. You have the right to refuse the release of personal and medical records unless federal or state law requires the release of those records. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
3. Receive notices both orally and in writing in a format and language that you understand.
4. Have reasonable access to the use of a telephone in a place where you cannot be overheard, including the right to retain and use a cellular phone at your expense. You have the right to communicate with individuals and entities within and outside of Laguna Honda with reasonable access to the internet, to the extent available within Laguna Honda.
5. Send and receive mail, including letters, packages, and other materials delivered to Laguna Honda; and to have those communications be received and sent promptly and in private. You have the right to access stationery, postage, and writing implements at your expense.
6. Have access to, and privacy in, your use of electronic communications such as email and video communications, and internet research to the extent that it is available at Laguna Honda.
7. Privacy in your medical treatment, written and telephone communications, personal care, visits, and meetings of family and residentresident/patient groups.

8. Examine the results of the most recent survey of Laguna Honda conducted by Federal or State surveyors and any plan of correction in effect, and to receive information from agencies acting as client advocates including the right to contact such agencies.
9. Voice grievances to Laguna Honda or other agencies that hear grievances without retaliation or discrimination, and without the fear of retaliation or discrimination, including grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other resident/residents/patients, and any other concern regarding your stay at Laguna Honda.

If you want to file a grievance with this hospital, you may do so by writing or calling:

~~Roland Pickens~~ Sandra C. Simon, LHNA, MBA

~~Interim Chief Executive Officer~~ Nursing Home Administrator and Chief Executive Officer

Administration Department
Laguna Honda Hospital
375 Laguna Honda Boulevard
San Francisco, CA 94116
(415) ~~759-4510~~682-5601

You have the right to prompt resolution of grievances. The grievance committee will review each grievance and provide you with a written response within 10 business days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process.

10. File a complaint with the state Department of Public Health regardless of whether you use the hospital's grievance process. The state Department of Public Health's phone number and address is:

Department of Public Health Licensing & Certification
San Francisco District Office
150 North Hill Drive Suite 22
Brisbane, CA 94005
Phone: (415) 330 6353
Fax: (415) 330 6350